

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Brandon**

First name

**Lee**

Middle name

**Thomlinson**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

**Ashley**

First name

**Nicole**

Middle name

**Thomlinson**

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-0464**

**xxx-xx-9700**

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number *(if known)*

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EIN

**5. Where you live**

**10033 Cook Sub Rd  
Mineral Point, MO 63660**

Number, Street, City, State & ZIP Code

**Washington**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 Brandon Lee Thomlinson  
Debtor 2 Ashley Nicole Thomlinson

Case number (if known)

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

## 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Brandon Lee Thomlinson**Brandon Lee Thomlinson**

Signature of Debtor 1

/s/ Ashley Nicole Thomlinson**Ashley Nicole Thomlinson**

Signature of Debtor 2

Executed on November 24, 2020  
MM / DD / YYYYExecuted on November 24, 2020  
MM / DD / YYYY

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number *(if known)*

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Joe Moriarty**

Signature of Attorney for Debtor

Date

**November 24, 2020**

MM / DD / YYYY

**Joe Moriarty 66513MO**

Printed name

**A & L, Licker Law Firm, LLC**

Firm name

**1861 Sherman Drive  
Saint Charles, MO 63303**

Number, Street, City, State & ZIP Code

Contact phone

**636-916-5400**

Email address

**Info@lickerlawfirm.com**

**66513MO MO**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>0.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>12,152.96</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>12,152.96</u>

#### Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>14,531.48</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>122,248.44</u>
		<b>Your total liabilities</b> \$ <u>136,779.92</u>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>3,517.21</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>3,596.00</u>

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	4,620.95
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>52,739.40</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>52,739.40</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number _____			

Check if this is an amended filing

**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.  
 Yes. Where is the property?

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make:	<b>Chevrolet</b>
Model:	<b>Malibu Sedan 4D LS</b>
Year:	<b>2012</b>
Approximate mileage:	<b>107,300</b>
Other information:	<b>Good Condition</b> <b>Location: 10033 Cook Sub Rd, Mineral Point MO 63660</b>

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$3,325.00</b>	<b>\$3,325.00</b>

3.2 Make:	<b>Chevrolet</b>
Model:	<b>Trailblazer Utility 4D EXT LT</b>
Year:	<b>2002</b>
Approximate mileage:	<b>170,000</b>
Other information:	<b>Fair Condition</b> <b>Location: 10033 Cook Sub Rd, Mineral Point MO 63660</b>

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$1,500.00</b>	<b>\$1,500.00</b>

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

3.3 Make: **Chevrolet**  
**Silverado 2500 Pickup**  
 Model: **3/4 Ton**  
 Year: **2000**  
 Approximate mileage: **330,000**  
 Other information:  
**Poor Condition**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?****Current value of the portion you own?****\$900.00****\$900.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$5,725.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Living Room Set (Couch & Recliners), King Bedroom Set, Twin Bedroom Set, Full Bedroom Set, TV Stand, Desk, Dining Room Table, 2 End Tables, Maytag Washer, Maytag Dryer**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$800.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**50" Inch Emerson Tv, 42" Inch Sanyo Tv, Dell Desktop Computer, Epson Printer, XBox 360, Xbox One, I Pad Air 2nd Gen, Cell Phone**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$425.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe.....

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

**Glock 23 Pistol, Diamondback DB9 Pistol, Ruger LC9 Pistol.**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$400.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

**Clothing & Shoes**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$150.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

**Misc. Costume Jewelry**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$30.00**

**Wedding Ring**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$50.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....

**Dog**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

**\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$1,855.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

 Yes.....

Institution name: \_\_\_\_\_

17.1. <b>Checking</b>	<b>Chime Bank ( The Bancorp Bank)</b>	<b>\$356.03</b>
17.2. <b>Savings</b>	<b>Chime Bank</b>	<b>\$300.97</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name: \_\_\_\_\_

<b>Nokia Share - \$142.70</b>	<b>\$197.21</b>
<b>Toughbuilt Industries - \$54.51</b>	

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity: \_\_\_\_\_

% of ownership: \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name: \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account: \_\_\_\_\_

Institution name: \_\_\_\_\_

**401(K)****City Of Park Hills - Employment Retirement  
Account****\$3,508.75****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.....

Institution name or individual: \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Guardian Term Insurance on Husband  
Death Benefit: \$40,000**

**Wife****\$0.00**

**Guardian Term Insurance through  
employer on wife  
Death Benefits: \$50,000**

**Husband****\$0.00**

**Guardian Term Insurance through  
employer on daughter.  
Death Benefits: \$10,000**

**Husband****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$4,362.96

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

**Misc Tools for Personal Use ( Hand & Small Power Tools), Car Jack, Air Compressor**  
**Location: 10033 Cook Sub Rd, Mineral Point MO 63660**

\$210.00

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$210.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5	\$5,725.00
57. Part 3: Total personal and household items, line 15	\$1,855.00
58. Part 4: Total financial assets, line 36	\$4,362.96
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$210.00
62. Total personal property. Add lines 56 through 61...	\$12,152.96
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$12,152.96

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an  
amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

##### 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

##### 2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<p><b>2012 Chevrolet Malibu Sedan 4D LS</b>  <b>107,300 miles</b>  <b>Good Condition</b>  <b>Location: 10033 Cook Sub Rd,</b>  <b>Mineral Point MO 63660</b>  Line from <i>Schedule A/B</i>: 3.1</p>	<b>\$3,325.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<p><b>2002 Chevrolet Trailblazer Utility 4D</b>  <b>EXT LT 170,000 miles</b>  <b>Fair Condition</b>  <b>Location: 10033 Cook Sub Rd,</b>  <b>Mineral Point MO 63660</b>  Line from <i>Schedule A/B</i>: 3.2</p>	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<p><b>2000 Chevrolet Silverado 2500</b>  <b>Pickup 3/4 Ton 330,000 miles</b>  <b>Poor Condition</b>  <b>Location: 10033 Cook Sub Rd,</b>  <b>Mineral Point MO 63660</b>  Line from <i>Schedule A/B</i>: 3.3</p>	<b>\$900.00</b>	<input checked="" type="checkbox"/> <b>\$900.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>

Debtor 1  
Debtor 2Brandon Lee Thomlinson  
Ashley Nicole Thomlinson

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
<b>Living Room Set( Couch &amp; Recliners), King Bedroom Set, Twin Bedroom Set, Full Bedroom Set, TV Stand, Desk, Dining Room Table, 2 End Tables, Maytag Washer, Maytag Dryer</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 6.1	<u>\$800.00</u>	<input checked="" type="checkbox"/> <b>\$800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>50" Inch Emerson Tv, 42" Inch Sanyo Tv, Dell Desktop Computer, Epson Printer, XBox 360, Xbox One, I Pad Air 2nd Gen, Cell Phone</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 7.1	<u>\$425.00</u>	<input checked="" type="checkbox"/> <b>\$425.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Glock 23 Pistol, Diamondback DB9 Pistol, Ruger LC9 Pistol.</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 10.1	<u>\$400.00</u>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(12)</b>
<b>Clothing &amp; Shoes</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 11.1	<u>\$150.00</u>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Misc. Costume Jewelry</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 12.1	<u>\$30.00</u>	<input checked="" type="checkbox"/> <b>\$80.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(2)</b>
<b>Wedding Ring</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 12.2	<u>\$50.00</u>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(2)</b>
<b>Dog</b> Location: 10033 Cook Sub Rd, Mineral Point MO 63660 Line from Schedule A/B: 13.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Checking: Chime Bank ( The Bancorp Bank)</b> Line from Schedule A/B: 17.1	<u>\$356.03</u>	<input checked="" type="checkbox"/> <b>\$213.56</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>
<b>Savings: Chime Bank</b> Line from Schedule A/B: 17.2	<u>\$300.97</u>	<input checked="" type="checkbox"/> <b>\$300.97</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>

Debtor 1  
Debtor 2Brandon Lee Thomlinson  
Ashley Nicole Thomlinson

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		<i>Check only one box for each exemption.</i>	
<b>Nokia Share - \$142.70</b> <b>Toughbuilt Industries - \$54.51</b> Line from <i>Schedule A/B</i> : 18.1	<b>\$197.21</b>	<input checked="" type="checkbox"/> <b>\$197.21</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>
<b>401(K): City Of Park Hills - Employment Retirement Account</b> Line from <i>Schedule A/B</i> : 21.1	<b>\$3,508.75</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(10)(f)</b>
<b>Guardian Term Insurance on Husband</b> <b>Death Benefit: \$40,000</b> <b>Beneficiary: Wife</b> Line from <i>Schedule A/B</i> : 31.1	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(8)</b>
<b>Guardian Term Insurance through employer on wife</b> <b>Death Benefits: \$50,000</b> <b>Beneficiary: Husband</b> Line from <i>Schedule A/B</i> : 31.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(8)</b>
<b>Guardian Term Insurance through employer on daughter.</b> <b>Death Benefits: \$10,000</b> <b>Beneficiary: Husband</b> Line from <i>Schedule A/B</i> : 31.3	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(7)</b>
<b>Misc Tools for Personal Use ( Hand &amp; Small Power Tools), Car Jack, Air Compressor</b> <b>Location: 10033 Cook Sub Rd, Mineral Point MO 63660</b> Line from <i>Schedule A/B</i> : 53.1	<b>\$210.00</b>	<input checked="" type="checkbox"/> <b>\$210.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Credit Acceptance Corp	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's Name	2012 Chevrolet Malibu Sedan 4D LS 107,300 miles Good Condition Location: 10033 Cook Sub Rd, Mineral Point MO 63660	\$7,341.00	\$3,325.00	\$4,016.00

2.1 Credit Acceptance Corp	Describe the property that secures the claim:
----------------------------	---

Creditor's Name	2012 Chevrolet Malibu Sedan 4D LS 107,300 miles Good Condition Location: 10033 Cook Sub Rd, Mineral Point MO 63660
-----------------	--

Debtor 1	<b>Brandon Lee Thomlinson</b>			Case number (if known)				
	First Name	Middle Name	Last Name					
Debtor 2	<b>Ashley Nicole Thomlinson</b>							
	First Name	Middle Name	Last Name					
<b>2.2 Department of Revenue</b>				Describe the property that secures the claim:	<b>\$415.16</b>	<b>\$5,156.02</b>	<b>\$0.00</b>	
				<b>All Unencumbered property listed in Sch A/B</b>				
<b>Collection Enforcement</b> <b>PO Box 3800</b> <b>Jefferson City, MO 65105</b>								
Number, Street, City, State & Zip Code								
<b>Who owes the debt?</b> Check one.								
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>								
<b>Nature of lien.</b> Check all that apply.								
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Tax Lien State Taxes 2016</b>								
Date debt was incurred		<b>05/04/2018</b>						
		Last 4 digits of account number	<b>0147</b>					
<b>2.3 Department of Revenue</b>				Describe the property that secures the claim:	<b>\$2,345.90</b>	<b>\$5,156.02</b>	<b>\$0.00</b>	
				<b>All Unencumbered property listed in Sch A/B</b>				
<b>Collection Enforcement</b> <b>PO Box 3800</b> <b>Jefferson City, MO 65105</b>								
Number, Street, City, State & Zip Code								
<b>Who owes the debt?</b> Check one.								
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>								
<b>Nature of lien.</b> Check all that apply.								
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Tax Lien</b>								
Date debt was incurred		<b>01/02/2015</b>						
		Last 4 digits of account number	<b>0023</b>					
<b>2.4 Department of Revenue</b>				Describe the property that secures the claim:	<b>\$2,344.20</b>	<b>\$5,156.02</b>	<b>\$0.00</b>	
				<b>All Unencumbered property listed in Sch A/B</b>				
<b>Collection Enforcement</b> <b>PO Box 3800</b> <b>Jefferson City, MO 65105</b>								
Number, Street, City, State & Zip Code								
<b>Who owes the debt?</b> Check one.								
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>								
<b>Nature of lien.</b> Check all that apply.								
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Tax Lien State Taxes 2014</b>								
Date debt was incurred		<b>03/26/2015</b>						
		Last 4 digits of account number	<b>0096</b>					

Debtor 1	<b>Brandon Lee Thomlinson</b>			Case number (if known)			
	First Name	Middle Name	Last Name				
Debtor 2	<b>Ashley Nicole Thomlinson</b>						
	First Name	Middle Name	Last Name				
<b>2.5 Department of Revenue</b>				Describe the property that secures the claim:	<b>\$2,085.22</b>	<b>\$5,098.23</b>	<b>\$0.00</b>
				All Unencumbered property listed in Sch A/B			
				As of the date you file, the claim is: Check all that apply.			
				<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
				<b>Nature of lien.</b> Check all that apply.			
				<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
				<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
				<input checked="" type="checkbox"/> Judgment lien from a lawsuit			
				<input type="checkbox"/> Other (including a right to offset)	<b>Tax Lien State Taxes 2014</b>		
Who owes the debt? Check one.							
<input type="checkbox"/> Debtor 1 only							
<input type="checkbox"/> Debtor 2 only							
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only							
<input type="checkbox"/> At least one of the debtors and another							
<input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred <u>09/29/2014</u>				Last 4 digits of account number	<u>0096</u>		
Add the dollar value of your entries in Column A on this page. Write that number here:							<b>\$14,531.48</b>
If this is the last page of your form, add the dollar value totals from all pages.							<b>\$14,531.48</b>
Write that number here:							
<b>Part 2: List Others to Be Notified for a Debt That You Already Listed</b>							
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.							
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	On which line in Part 1 did you enter the creditor? <u>2.2</u>					
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	Last 4 digits of account number _____					
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	On which line in Part 1 did you enter the creditor? <u>2.3</u>					
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	Last 4 digits of account number _____					
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	On which line in Part 1 did you enter the creditor? <u>2.4</u>					
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	Last 4 digits of account number _____					
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Michael Shayne Kisling</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	On which line in Part 1 did you enter the creditor? <u>2.5</u>					
		Last 4 digits of account number _____					

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Aegis Sciences Corp</b> Nonpriority Creditor's Name <b>P.O. Box 645612</b> <b>Cincinnati, OH 45264</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>9184</u>
		<u>\$178.00</u>
	When was the debt incurred? <u>10/20</u>	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.2	<b>Aegis Sciences Corp</b> Nonpriority Creditor's Name <b>P.O. Box 645612</b> <b>Cincinnati, OH 45264</b> Number Street City State Zip Code	Last 4 digits of account number <b>3194</b>	\$1,572.00
When was the debt incurred? <b>07/2018</b>			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical Bill</b> <input type="checkbox"/> Yes			
<b>AT&amp;T</b> Nonpriority Creditor's Name <b>PO Box 5001</b> <b>Carol Stream, IL 60197</b> Number Street City State Zip Code			
Last 4 digits of account number <b>0041</b> \$2,690.00 When was the debt incurred? <b>01/20</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Satellite/ TV/ Communication</b>			
<b>AT&amp;T</b> Nonpriority Creditor's Name <b>PO Box 5001</b> <b>Carol Stream, IL 60197</b> Number Street City State Zip Code			
Last 4 digits of account number <b>1319</b> \$2,073.00 When was the debt incurred? <b>03/20</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Satellite/ TV/ Communication</b>			

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.5	<b>Belgrade State Bank</b> Nonpriority Creditor's Name <b>Po Box 190 Potosi, MO 63664</b> Number Street City State Zip Code	Last 4 digits of account number <b>5371</b>	<b>\$1,049.00</b>
When was the debt incurred? <b>03/16</b>			
As of the date you file, the claim is: Check all that apply			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b></p>			
4.6	<b>Bk Of Amer</b> Nonpriority Creditor's Name <b>Po Box 982238 El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>1357</b>	<b>\$19,358.00</b>
When was the debt incurred? <b>7/06/00</b>			
As of the date you file, the claim is: Check all that apply			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>			
4.7	<b>Comenity Bank</b> Nonpriority Creditor's Name <b>PO Box 659704 San Antonio, TX 78265</b> Number Street City State Zip Code	Last 4 digits of account number <b>0372</b>	<b>\$506.00</b>
When was the debt incurred? <b>11/16</b>			
As of the date you file, the claim is: Check all that apply			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b></p>			

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.8	<b>Comenity Capital Bank</b> Nonpriority Creditor's Name <b>PO Box 183043</b> <b>Columbus, OH 43218-3043</b> Number Street City State Zip Code	Last 4 digits of account number <b>6872</b>	\$735.00
When was the debt incurred? <b>09/16</b>			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			
<b>4.9</b> <b>Consumer Portfolio Svc</b> Nonpriority Creditor's Name <b>19500 Jamboree Rd</b> <b>Irvine, CA 92612</b> Number Street City State Zip Code			
Last 4 digits of account number <b>7544</b> \$6,966.00 When was the debt incurred? <b>09/15</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Deficiency Balance</b>			
<b>4.1</b> <b>Credit One Bank N.A</b> Nonpriority Creditor's Name <b>PO Box 98872</b> <b>Las Vegas, NV 89193</b> Number Street City State Zip Code			
Last 4 digits of account number <b>3527</b> \$563.00 When was the debt incurred? <b>10/19</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.1 1	<b>Culligan Water</b> Nonpriority Creditor's Name <b>7460 80th St South</b> <b>Cottage Grove, MN 55016</b> Number Street City State Zip Code	Last 4 digits of account number <b>4287</b>	\$3,470.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Open Account</b>			
4.1 2	<b>Express Cash LLC</b> Nonpriority Creditor's Name <b>1157 Maple St</b> <b>Farmington, MO 63640</b> Number Street City State Zip Code	Last 4 digits of account number <b>0040</b>	\$675.25
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Judgment</b>			
4.1 3	<b>Geico Casualty Company</b> Nonpriority Creditor's Name <b>Processing Center</b> <b>PO Box 55126</b> <b>Boston, MA 02205-5512</b> Number Street City State Zip Code	Last 4 digits of account number <b>7118</b>	\$200.88
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Open Account</b>			

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.1	<b>Guzon Cardiovascular LLC</b> Nonpriority Creditor's Name <b>PO Box 505178</b> <b>Saint Louis, MO 63150</b>	Last 4 digits of account number <b>8937</b>	<b>\$270.00</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.1	<b>Healthway Primary Care</b> Nonpriority Creditor's Name <b>300 Health Way</b> <b>Potosi, MO 63664</b>	Last 4 digits of account number <b>2791</b>	<b>\$25.00</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.1	<b>Healthway Primary Care</b> Nonpriority Creditor's Name <b>300 Health Way</b> <b>Potosi, MO 63664</b>	Last 4 digits of account number <b>3837</b>	<b>\$25.00</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 7</div> <b>Healthway Primary Care</b> Nonpriority Creditor's Name <b>300 Health Way</b> <b>Potosi, MO 63664</b> Number Street City State Zip Code	Last 4 digits of account number <b>3587</b> <span style="float: right;"><b>\$25.00</b></span> When was the debt incurred? <b>06/22/2020</b> As of the date you file, the claim is: Check all that apply <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> <li><input type="checkbox"/> <b>Check if this claim is for a community debt</b></li> </ul> Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></li> </ul>
<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	
<hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 8</div> <b>HSBC Bank Nevada</b> Nonpriority Creditor's Name <b>1111 North Town Center Drive</b> <b>Las Vegas, NV 89144-6364</b> Number Street City State Zip Code	
Last 4 digits of account number <b>2816</b> <span style="float: right;"><b>\$455.00</b></span> When was the debt incurred? <b>06/16</b> As of the date you file, the claim is: Check all that apply <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> <li><input type="checkbox"/> <b>Check if this claim is for a community debt</b></li> </ul> Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></li> </ul>	
<b>Kohls/capone</b> Nonpriority Creditor's Name <b>Po Box 3115</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	
Last 4 digits of account number <b>1992</b> <span style="float: right;"><b>\$496.00</b></span> When was the debt incurred? <b>10/15</b> As of the date you file, the claim is: Check all that apply <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor 1 only</li> <li><input checked="" type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> <li><input type="checkbox"/> <b>Check if this claim is for a community debt</b></li> </ul> Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></li> </ul>	

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.2 0	<b>Melissa Huff</b> Nonpriority Creditor's Name <b>PO Box 445</b> <b>Potosi, MO 63664</b> Number Street City State Zip Code	Last 4 digits of account number <b>9700</b> When was the debt incurred? <b>2020</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$3,600.00</b>
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Unpaid Rent</b>			
<b>Midwest Health Solutions</b> Nonpriority Creditor's Name <b>24 Southtowne Dr</b> <b>Potosi, MO 63664</b> Number Street City State Zip Code			
Last 4 digits of account number <b>0045</b> When was the debt incurred? <b>06/2018</b>  <b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
<b>Midwest Oral Surgery</b> Nonpriority Creditor's Name <b>17300 N Outer 40 Rd #103</b> <b>Chesterfield, MO 63005</b> Number Street City State Zip Code			
Last 4 digits of account number <b>4726</b> When was the debt incurred? <b>06/29</b>  <b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.2  
3

<b>Midwest Oral Surgery</b> Nonpriority Creditor's Name <b>17300 N Outer 40 Rd #103</b> <b>Chesterfield, MO 63005</b>	Last 4 digits of account number <b>6776</b>	\$48.75
Number Street City State Zip Code	When was the debt incurred? <b>2020</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2  
4

<b>Per Se Technology</b> Nonpriority Creditor's Name <b>P.O. Box 47650</b> <b>Jacksonville, FL 32247</b>	Last 4 digits of account number <b>8022</b>	\$276.00
Number Street City State Zip Code	When was the debt incurred? <b>06/16</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Open Account</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2  
5

<b>Per Se Technology</b> Nonpriority Creditor's Name <b>P.O. Box 47650</b> <b>Jacksonville, FL 32247</b>	Last 4 digits of account number <b>4393</b>	\$70.00
Number Street City State Zip Code	When was the debt incurred? <b>03/16</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Open Account</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.2  
6**Performant Recovery Inc**

Nonpriority Creditor's Name

**PO Box 9057  
Pleasanton, CA 94566**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**8374****\$26,329.40**

When was the debt incurred?

**2020**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loan**4.2  
7**Potosi Emergency Group LLC**

Nonpriority Creditor's Name

**300 Health Way Dr  
Potosi, MO 63664**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**0909****\$762.00**

When was the debt incurred?

**07/20**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

4.2  
8**Potosi Emergency Group LLC**

Nonpriority Creditor's Name

**300 Health Way Dr  
Potosi, MO 63664**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**1187****\$637.00**

When was the debt incurred?

**06/20**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.2 9	<b>Potosi Emergency Group Llc</b> Nonpriority Creditor's Name <b>300 Health Way Dr</b> <b>Potosi, MO 63664</b> Number Street City State Zip Code	Last 4 digits of account number <b>9998</b>	\$100.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.3 0	<b>Potosi Emergency Group Llc</b> Nonpriority Creditor's Name <b>300 Health Way Dr</b> <b>Potosi, MO 63664</b> Number Street City State Zip Code	Last 4 digits of account number <b>9237</b>	\$1,428.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
4.3 1	<b>Potosi Emergency Group Llc</b> Nonpriority Creditor's Name <b>300 Health Way Dr</b> <b>Potosi, MO 63664</b> Number Street City State Zip Code	Last 4 digits of account number <b>5414</b>	\$1,471.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.3  
2**Progressive**

Nonpriority Creditor's Name

**Dept 0561  
Carol Stream, IL 60132**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**1861****\$213.00**

When was the debt incurred?

**4/04/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Insurance**

4.3  
3**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740780  
Cincinnati, OH 45274**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0239****\$27.00**

When was the debt incurred?

**2020**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

4.3  
4**Regional Acceptance Co**

Nonpriority Creditor's Name

**1424 E Fire Tower Road  
Greenville, NC 27858**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0101****\$8,322.00**

When was the debt incurred?

**01/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Deficiency Balance**

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.3  
5

<b>Rise Credit of Missouri</b> Nonpriority Creditor's Name <b>4150 International Plaza Ste 300</b> <b>Fort Worth, TX 76109</b>	Last 4 digits of account number <b>4918</b>	\$860.00
Number Street City State Zip Code	When was the debt incurred? <b>07/16</b>	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b>		

4.3  
6

<b>SLU Care Physicians</b> Nonpriority Creditor's Name <b>P.O. BOX 18353M</b> <b>Saint Louis, MO 63195</b>	Last 4 digits of account number <b>1799</b>	\$538.04
Number Street City State Zip Code	When was the debt incurred? <b>03/2020</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>		

4.3  
7

<b>SpeedyCash.com</b> Nonpriority Creditor's Name <b>3527 North Ridge Road</b> <b>Wichita, KS 67205</b>	Last 4 digits of account number <b>9693</b>	\$743.00
Number Street City State Zip Code	When was the debt incurred? <b>02/19</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b>		

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.3  
8**The General Insurance**

Nonpriority Creditor's Name

**P.O. Box 305054  
Nashville, TN 37230**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**2547****\$232.00**

When was the debt incurred?

**10/18/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Insurance**

4.3  
9**US Bank National Association**

Nonpriority Creditor's Name

**100 N Lincoln Drive  
Troy, MO 63379**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0005****\$11,918.00**

When was the debt incurred?

**08/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Student Loan**

4.4  
0**US Bank National Association**

Nonpriority Creditor's Name

**100 N Lincoln Drive  
Troy, MO 63379**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0002****\$9,798.00**

When was the debt incurred?

**08/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Student Loan**

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known)

<p><b>4.4 1</b></p> <p><b>US Bank National Association</b></p> <p>Nonpriority Creditor's Name  <b>100 N Lincoln Drive</b>  <b>Troy, MO 63379</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>0003</b></p> <p><b>When was the debt incurred?</b> <b>08/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <u>Student Loan</u></p>
--	--

4.4 2	<b>US Bank National Association</b>	<b>\$2,043.00</b>
Nonpriority Creditor's Name		Last 4 digits of account number
<b>100 N Lincoln Drive</b>		<b>0004</b>
<b>Troy, MO 63379</b>		
Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		

<b>Student Loan</b>	
4.4 3	<p><b>US Bank National Association</b> Nonpriority Creditor's Name <b>100 N Lincoln Drive</b> <b>Troy, MO 63379</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
	<p>Last 4 digits of account number <b>0001</b></p> <p>When was the debt incurred? <b>08/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>
	<b>\$547.00</b>

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.4  
4**Veterinary Clinic of the Mineral Area**

Nonpriority Creditor's Name

**4730 Flat River Rd  
Farmington, MO 63640**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**9042****\$88.37**

When was the debt incurred?

**08/2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Vet bill**

4.4  
5**Washington County Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 22248  
Louisville, KY 40252**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0476****\$6,115.26**

When was the debt incurred?

**01/15**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Judgment**

4.4  
6**Washington County Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 22248  
Louisville, KY 40252**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0344****\$1,545.00**

When was the debt incurred?

**06/15**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

4.4  
7**Washington County Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 22248  
Louisville, KY 40252**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number **2141****\$134.00**When was the debt incurred? **06/15**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

4.4  
8**Washington County Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 22248  
Louisville, KY 40252**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number **1480****\$134.00**When was the debt incurred? **06/15**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

4.4  
9**Washington County Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 22248  
Louisville, KY 40252**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number **3565****\$300.00**When was the debt incurred? **02/2020**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known)

4.5  
0**Washington County Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 22248  
Louisville, KY 40252**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**6903****\$256.73**

When was the debt incurred?

**02/2020**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

4.5  
1**Westmount Dental Arts**

Nonpriority Creditor's Name

**1273 Doctors Dr  
Farmington, MO 63640**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0168****\$101.76**

When was the debt incurred?

**07/2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Bill**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Ability Recovery Services LLC  
P.O. Box 4262  
Scranton, PA 18505**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Account Resolution Corporation  
P.O. Box 3860  
Chesterfield, MO 63006-3860**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**AD Astra Recovery Services  
7330 W 33rd St North street 118  
Wichita, KS 67205**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Affiliate Asset Solutions, LLC  
145 Technology Pkwy NW Ste 100**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**Norcross, GA 30092**

Last 4 digits of account number

**8022**

Name and Address

**Afni, Inc**  
**PO Box 3097**  
**Bloomington, IL 61702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Account & Advisors**  
**7460 80 th St S**  
**Cottage Grove, MN 55016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Caine & Weiner**  
**Po Box 55848**  
**Sherman Oaks, CA 91413**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Consumer Adjustment Co**  
**514 Earth City Plaza**  
**Earth City, MO 63045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Consumer Adjustment Co**  
**514 Earth City Plaza**  
**Earth City, MO 63045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Collection Service**  
**PO Box 607**  
**Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Collection Services**  
**Po Box 55126**  
**Boston, MA 02205**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Collection Services**  
**P.O. Box 55126**  
**Boston, MA 02205-5126**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Education Credit Management**  
**111 Washington Ave**  
**Minneapolis, MN 55401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Educational Credit Management**  
**111 Washington Ave**  
**Minneapolis, MN 55401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Educational Credit Management**  
**111 Washington Ave**  
**Minneapolis, MN 55401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

Name and Address <b>Educational Credit Management</b> <b>111 Washington Ave</b> <b>Minneapolis, MN 55401</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.42</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Educational Credit Management</b> <b>111 Washington Ave</b> <b>Minneapolis, MN 55401</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.43</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Enhanced Recovery Co L</b> <b>Po Box 57547</b> <b>Jacksonville, FL 32241</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>John Wesley Housley</b> <b>901 St Louis St</b> <b>Springfield, MO 65806</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.45</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Lowther Johnson Attorney at Law ,</b> <b>LLC</b> <b>901 St. Louis St</b> <b>Springfield, MO 65806</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.47</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>LVNV Funding</b> <b>C/O Resurgent Capital System LP</b> <b>55 Beattie Pl, Ste 110</b> <b>Greenville, SC 29601</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Mercantile Adjustment Bureau , LLC</b> <b>P.O. Box 9016</b> <b>Buffalo, NY 14231</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Midland Funding</b> <b>320 East Big Beaver</b> <b>Troy, MI 48083</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>National Credit Adjust</b> <b>P.O. Box 550</b> <b>Hutchinson, KS 67504</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>National Healthcare Co</b> <b>17998 Chesterfield Airport Rd</b> <b>Chesterfield, MO 63005</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>One Advantage LLC</b> <b>P.O. Box 23860</b> <b>Belleville, IL 62223</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.49</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**One Advantage LLC**  
**P.O. Box 23860**  
**Belleville, IL 62223**

Line **4.50** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Phoenix Financial Services**  
**8902 Otis Ave**  
**Ste 103 A**  
**Indianapolis, IN 46216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Phoenix Financial Services**  
**8902 Otis Ave**  
**Ste 103 A**  
**Indianapolis, IN 46216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Phoenix Financial Services**  
**8902 Otis Ave**  
**Ste 103 A**  
**Indianapolis, IN 46216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Associates**  
**120 Corporate Blvd**  
**Ste 100**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Associates**  
**120 Corporate Blvd**  
**Ste 100**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Qualia Collection Services**  
**Po Box 4699**  
**Petaluma, CA 94955**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Radius Global Solutions**  
**P.O. Box 15118**  
**Jacksonville, FL 32239**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Randall Eliot Gusdorf**  
**9666 Olive Blvd.**  
**Suite 211**  
**Saint Louis, MO 63132**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Tek-Collect**  
**PO Box 1269**  
**Columbus, OH 43216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Transworld Sys Inc**  
**PO Box 15095**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address

**Transworld Sys Inc**  
**PO Box 15095**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Transworld Sys Inc**  
**PO Box 15095**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Transworld Sys Inc**  
**PO Box 15095**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Valentine & Kebartas Inc**  
**P. O. Box 325**  
**Lawrence, MA 01842**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
		<b>6e. Total Priority.</b> Add lines 6a through 6d.
6e.	\$ <b>0.00</b>	
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ <b>52,739.40</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>69,509.04</b>
		<b>6j. Total Nonpriority.</b> Add lines 6f through 6i.
6j.	\$ <b>122,248.44</b>	

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>	
	First Name	Middle Name
	Last Name	
Debtor 2	<b>Ashley Nicole Thomlinson</b>	
(Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI	
Case number (if known)		

Check if this is an  
amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 <b>Melissa Huff</b> PO Box 445 Potosi, MO 63664	<b>Residential Lease</b> <b>Lease Start -12/2010</b> <b>Open Lease</b> <b>Verbal Agreement</b>

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:	
Debtor 1	Brandon Lee Thomlinson
Debtor 2 (Spouse, if filing)	Ashley Nicole Thomlinson
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI	
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	Police Officer	
Employer's name	City Of Park Hills Police Department	
Employer's address	8 Municipal Dr Park Hills, MO 63601	

How long employed there?

1 Year 6 Months

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,615.47</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>3,615.47</u>	\$ <u>0.00</u>

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> _____	4. \$ <b>3,615.47</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>490.86</b>	\$ <b>0.00</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>72.30</b>	\$ <b>0.00</b>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. <b>Insurance</b>	5e. \$ <b>433.59</b>	\$ <b>0.00</b>
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. <b>Other deductions. Specify:</b> <u>Vlif Blif</u>	5h.+ \$ <b>22.88</b>	+ \$ <b>0.00</b>
	\$ <b>3.75</b>	\$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>1,023.38</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>2,592.09</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. <b>Other monthly income. Specify:</b> <u>St. Francois County Ambulance Washington County Sheriffs Office</u>	8h.+ \$ <b>525.39</b>	+ \$ <b>0.00</b>
	\$ <b>399.73</b>	\$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>925.12</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,517.21</b>	+ \$ <b>0.00</b> = \$ <b>3,517.21</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <b>0.00</b>	\$ <b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>3,517.21</b>	\$ <b>3,517.21</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: _____	
<b>Combined monthly income</b>		

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Debtor</b>	
Occupation	<b>Paramedic</b>
Name of Employer	<b>St. Francois County Ambulance Dist</b>
How long employed	
Address of Employer	<b>624 Wallace Rd Farmington, MO 63640</b>

<b>Debtor</b>	
Occupation	<b>Sheriff Deputy</b>
Name of Employer	<b>Washington County Sheriffs Office</b>
How long employed	
Address of Employer	<b>116 W High St Potosi, MO 63664</b>

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>
Debtor 2	<b>Ashley Nicole Thomlinson</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF MISSOURI</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?  No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Daughter

10 Years

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

3. Do your expenses include  
expenses of people other than  
yourself and your dependents?  No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **300.00**

#### Your expenses

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>100.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <b>320.00</b>
	6b. Water, sewer, garbage collection	6b. \$ <b>100.00</b>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>350.00</b>
	6d. Other. Specify: _____	6d. \$ <b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>850.00</b>	
8. <b>Childcare and children's education costs</b>	8. \$ <b>0.00</b>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>200.00</b>	
10. <b>Personal care products and services</b>	10. \$ <b>160.00</b>	
11. <b>Medical and dental expenses</b>	11. \$ <b>100.00</b>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>320.00</b>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>100.00</b>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>0.00</b>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <b>0.00</b>	
15b. Health insurance	15b. \$ <b>0.00</b>	
15c. Vehicle insurance	15c. \$ <b>263.00</b>	
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property Taxes</b>	16. \$ <b>50.00</b>	
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$ <b>248.00</b>	
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>	
17c. Other. Specify: _____	17c. \$ <b>0.00</b>	
17d. Other. Specify: _____	17d. \$ <b>0.00</b>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <b>0.00</b>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <b>0.00</b>	
20b. Real estate taxes	20b. \$ <b>0.00</b>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>	
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>	
21. <b>Other:</b> Specify: <b>Gym Fee</b> <b>Pet Expenses</b>		
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <b>3,596.00</b>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>3,596.00</b>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <b>3,596.00</b>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <b>3,517.21</b>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>3,596.00</b>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	\$ <b>-78.79</b>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Brandon Lee Thomlinson

Brandon Lee Thomlinson

Signature of Debtor 1

Date November 24, 2020

/s/ Ashley Nicole Thomlinson

Ashley Nicole Thomlinson

Signature of Debtor 2

Date November 24, 2020

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an  
amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$45,638.12	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Check all that apply.		<b>Gross income</b> (before deductions and exclusions)	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$42,263.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2018 )</b>	<b>\$42,948.00</b>	<b>■ Wages, commissions, bonuses, tips</b>	<b>\$9,100.00</b>
		<input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Describe below.		<b>Gross income from each source</b> (before deductions and exclusions)	

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Credit Acceptance Corp Po Box 5070 Southfield, MI 48086	08/28/2020, 09/11/2020, 09/26/2020, 10/09/2020, 10/23/2020, 11/6/20, 11/20/20	\$882.00	\$7,341.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Brandon Lee Thomlinson**  
 Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>WASH CO MEMORIAL HOSP V. ASHLEY N. THOMLINSON (E-CASE) 20-WA-AC00344</b>	<b>AC Breach of Contract</b>	<b>24th Judicial Circuit Court 1 N Washington St Farmington, MO 63640</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**Not Disposed**

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	<b>Explain what happened</b>		

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?** No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?** No Yes

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
A & L, Licker Law Firm, LLC 1861 Sherman Drive Saint Charles, MO 63303 Info@lickerlawfirm.com	Attorney Fees	06/16/2020-10/22/2020	\$990.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1 Brandon Lee Thomlinson  
Debtor 2 Ashley Nicole Thomlinson

Case number (if known)

## 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

## 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

## 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---	------------------------------------	----------------------------------	---	---

## 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

## 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

## 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

 Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Brandon Lee Thomlinson  
Debtor 2 Ashley Nicole Thomlinson

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

#### Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
---	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
--	-------------

#### Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers  
Official Form 107  
Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Brandon Lee Thomlinson**  
Brandon Lee Thomlinson  
Signature of Debtor 1

Date November 24, 2020

**/s/ Ashley Nicole Thomlinson**  
Ashley Nicole Thomlinson  
Signature of Debtor 2

Date November 24, 2020

**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Brandon Lee Thomlinson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Ashley Nicole Thomlinson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:

Description of property securing debt:

2012 Chevrolet Malibu Sedan  
4D LS 107,300 miles  
Good Condition  
Location: 10033 Cook Sub Rd,  
Mineral Point MO 63660

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Creditor's name:

Description of property securing debt:

All Unencumbered property listed in Sch A/B

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

**Debtor will make arrangement with the Creditor to Pay it as Per Judgment**

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

Description of property  
securing debt: **All Unencumbered property listed in Sch A/B**

*Reaffirmation Agreement.*  
 Retain the property and [explain]:  
**Debtor will make arrangement with the Creditor to Pay it as Per Judgment**

Creditor's name: **Department of Revenue**

Surrender the property.  No  
 Retain the property and redeem it.  Yes

Description of property  
securing debt: **All Unencumbered property listed in Sch A/B**

Retain the property and [explain]:  
**Debtor will make arrangement with the Creditor to Pay it as Per Judgment**

Creditor's name: **Department of Revenue**

Surrender the property.  No  
 Retain the property and redeem it.  Yes

Description of property  
securing debt: **All Unencumbered property listed in Sch A/B**

Retain the property and [explain]:  
**Debtor will make arrangement with the Creditor to Pay it as Per Judgment**

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name: **Melissa Huff**

No

Yes

Description of leased Property: **Residential Lease  
Lease Start -12/2010  
Open Lease  
Verbal Agreement**

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**/s/ Brandon Lee Thomlinson**  
**Brandon Lee Thomlinson**  
Signature of Debtor 1

**/s/ Ashley Nicole Thomlinson**  
**Ashley Nicole Thomlinson**  
Signature of Debtor 2

Date **November 24, 2020**

Date **November 24, 2020**

Fill in this information to identify your case:	
Debtor 1	<b>Brandon Lee Thomlinson</b>
Debtor 2	<b>Ashley Nicole Thomlinson</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	Eastern District of Missouri
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,620.95	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties		\$ 0.00

Debtor 1 **Brandon Lee Thomlinson**  
Debtor 2 **Ashley Nicole Thomlinson**

Case number (if known) \_\_\_\_\_

**Column A  
Debtor 1**

**Column B  
Debtor 2 or  
non-filing spouse**

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
For your spouse ..... \$ **0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ **0.00**

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

\$ **0.00** \$ **0.00**  
\$ **0.00** \$ **0.00**  
+ \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

\$ **4,620.95** + \$ **0.00** = \$ **4,620.95**

Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **4,620.95**

Multiply by 12 (the number of months in a year)

**x 12**

12b. The result is your annual income for this part of the form

12b. \$ **55,451.40**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**MO**

Fill in the number of people in your household.

**3**

Fill in the median family income for your state and size of household.

13. \$ **75,500.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.  
Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.  
Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Brandon Lee Thomlinson**

**X /s/ Ashley Nicole Thomlinson**

Debtor 1  
Debtor 2

**Brandon Lee Thomlinson**  
**Ashley Nicole Thomlinson**

Case number (if known)

**Brandon Lee Thomlinson**  
Signature of Debtor 1

**Ashley Nicole Thomlinson**  
Signature of Debtor 2

Date November 24, 2020  
MM / DD / YYYY

Date November 24, 2020  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

## Current Monthly Income Details for the Debtor

### Debtor Income Details:

Income for the Period 05/01/2020 to 10/31/2020.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **City Of Desloge Police Department**

Year-to-Date Income:

Starting Year-to-Date Income: \$0.00 from check dated 4/30/2020.

Ending Year-to-Date Income: \$120.00 from check dated 10/16/2020.

Income for six-month period (Ending-Starting): \$120.00.

Average Monthly Income: \$20.00.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **City Of Park Hills Police Department**

Year-to-Date Income:

Starting Year-to-Date Income: \$14,304.44 from check dated 4/23/2020.

Ending Year-to-Date Income: \$35,645.01 from check dated 10/22/2020.

Income for six-month period (Ending-Starting): \$21,340.57.

Average Monthly Income: \$3,556.76.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Iron County Ambulance District**

Year-to-Date Income:

Starting Year-to-Date Income: \$3,608.00 from check dated 4/23/2020.

Ending Year-to-Date Income: \$4,767.00 from check dated 7/02/2020.

Income for six-month period (Ending-Starting): \$1,159.00.

Average Monthly Income: \$193.17.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **St. Francois County Ambulance District**

Year-to-Date Income:

Starting Year-to-Date Income: \$0.00 from check dated 4/30/2020.

Ending Year-to-Date Income: \$2,180.11 from check dated 10/29/2020.

Income for six-month period (Ending-Starting): \$2,180.11.

Average Monthly Income: \$363.35.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Washington County Sheriffs Office**

Year-to-Date Income:

Starting Year-to-Date Income: \$0.00 from check dated 4/30/2020.

Ending Year-to-Date Income: \$2,926.00 from check dated 9/25/2020.

Income for six-month period (Ending-Starting): \$2,926.00.

Average Monthly Income: \$487.67.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	<u>administrative fee</u>
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	<u>administrative fee</u>
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Eastern District of Missouri**

In re **Brandon Lee Thomlinson**  
**Ashley Nicole Thomlinson**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>990.00</b>
Prior to the filing of this statement I have received .....	\$	<b>990.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

Debtor  Other (specify):

3. The source of compensation to be paid to me is:

Debtor  Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**All legal services necessary for representation of the debtor in connection with the bankruptcy until conclusion of the case will be provided regardless of outstanding attorney fees after filing of the petition.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any adversary proceeding or appeal.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 24, 2020

*Date*

/s/ Joe Moriarty

**Joe Moriarty 66513MO**

*Signature of Attorney*

**A & L, Licker Law Firm, LLC**

**1861 Sherman Drive**

**Saint Charles, MO 63303**

**636-916-5400 Fax: 636-916-5402**

**Info@lickerlawfirm.com**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of Missouri**

In re Brandon Lee Thomlinson  
Ashley Nicole Thomlinson \_\_\_\_\_

Debtor(s) \_\_\_\_\_

Case No. \_\_\_\_\_  
Chapter 7 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of 5 page(s) and is true, correct and complete.

/s/ Brandon Lee Thomlinson \_\_\_\_\_

**Brandon Lee Thomlinson**  
Debtor

/s/ Ashley Nicole Thomlinson \_\_\_\_\_

**Ashley Nicole Thomlinson**  
Joint Debtor

Dated: November 24, 2020 \_\_\_\_\_

Ability Recovery Services LLC  
P.O. Box 4262  
Scranton, PA 18505

Account Resolution Corporation  
P.O. Box 3860  
Chesterfield, MO 63006-3860

AD Astra Recovery Services  
7330 W 33rd St North street 118  
Wichita, KS 67205

Aegis Sciences Corp  
P.O. Box 645612  
Cincinnati, OH 45264

Affiliate Asset Solutions, LLC  
145 Technology Pkwy NW Ste 100  
Norcross, GA 30092

Afni, Inc  
PO Box 3097  
Bloomington, IL 61702

American Account & Advisors  
7460 80 th St S  
Cottage Grove, MN 55016

AT&T  
PO Box 5001  
Carol Stream, IL 60197

Belgrade State Bank  
Po Box 190  
Potosi, MO 63664

Bk Of Amer  
Po Box 982238  
El Paso, TX 79998

Caine & Weiner  
Po Box 55848  
Sherman Oaks, CA 91413

Comenity Bank  
PO Box 659704  
San Antonio, TX 78265

Comenity Capital Bank  
PO Box 183043  
Columbus, OH 43218-3043

Consumer Adjustment Co  
514 Earth City Plaza  
Earth City, MO 63045

Consumer Portfolio Svc  
19500 Jamboree Rd  
Irvine, CA 92612

Credit Acceptance Corp  
Po Box 5070  
Southfield, MI 48086

Credit Collection Service  
PO Box 607  
Norwood, MA 02062

Credit Collection Services  
Po Box 55126  
Boston, MA 02205

Credit Collection Services  
P.O. Box 55126  
Boston, MA 02205-5126

Credit One Bank N.A  
PO Box 98872  
Las Vegas, NV 89193

Culligan Water  
7460 80th St South  
Cottage Grove, MN 55016

Department of Revenue  
Collection Enforcement  
PO Box 3800  
Jefferson City, MO 65105

Education Credit Management  
111 Washington Ave  
Minneapolis, MN 55401

Educational Credit Management  
111 Washington Ave  
Minneapolis, MN 55401

Enhanced Recovery Co L  
Po Box 57547  
Jacksonville, FL 32241

Express Cash LLC  
1157 Maple St  
Farmington, MO 63640

Geico Casualty Company  
Processing Center  
PO Box 55126  
Boston, MA 02205-5512

Guzon Cardiovascular LLC  
PO Box 505178  
Saint Louis, MO 63150

Healthway Primary Care  
300 Health Way  
Potosi, MO 63664

HSBC Bank Nevada  
1111 North Town Center Drive  
Las Vegas, NV 89144-6364

John Wesley Housley  
901 St Louis St  
Springfield, MO 65806

Kohls/capone  
Po Box 3115  
Milwaukee, WI 53201

Lowther Johnson Attorney at Law , LLC  
901 St. Louis St  
Springfield, MO 65806

LVNV Funding  
C/O Resurgent Capital System LP  
55 Beattie Pl, Ste 110  
Greenville, SC 29601

Melissa Huff  
PO Box 445  
Potosi, MO 63664

Mercantile Adjustment Bureau , LLC  
P.O. Box 9016  
Buffalo, NY 14231

Michael Shayne Kisling  
PO Box 854  
Jefferson City, MO 65105

Midland Funding  
320 East Big Beaver  
Troy, MI 48083

Midwest Health Solutions  
24 Southtowne Dr  
Potosi, MO 63664

Midwest Oral Surgery  
17300 N Outer 40 Rd #103  
Chesterfield, MO 63005

National Credit Adjust  
P.O. Box 550  
Hutchinson, KS 67504

National Healthcare Co  
17998 Chesterfield Airport Rd  
Chesterfield, MO 63005

One Advantage LLC  
P.O. Box 23860  
Belleville, IL 62223

Per Se Technology  
P.O. Box 47650  
Jacksonville, FL 32247

Performant Recovery Inc  
PO Box 9057  
Pleasanton, CA 94566

Phoenix Financial Services  
8902 Otis Ave  
Ste 103 A  
Indianapolis, IN 46216

Portfolio Recovery Associates  
120 Corporate Blvd  
Ste 100  
Norfolk, VA 23502

Potosi Emergency Group Llc  
300 Health Way Dr  
Potosi, MO 63664

Progressive  
Dept 0561  
Carol Stream, IL 60132

Qualia Collection Services  
Po Box 4699  
Petaluma, CA 94955

Quest Diagnostics  
PO Box 740780  
Cincinnati, OH 45274

Radius Global Solutions  
P.O. Box 15118  
Jacksonville, FL 32239

Randall Eliot Gusdorf  
9666 Olive Blvd.  
Suite 211  
Saint Louis, MO 63132

Regional Acceptance Co  
1424 E Fire Tower Road  
Greenville, NC 27858

Rise Credit of Missouri  
4150 International Plaza Ste 300  
Fort Worth, TX 76109

SLU Care Pysicians  
P.O. BOX 18353M  
Saint Louis, MO 63195

SpeedyCash.com  
3527 North Ridge Road  
Wichita, KS 67205

Tek-Collect  
PO Box 1269  
Columbus, OH 43216

The General Insurance  
P.O. Box 305054  
Nashville, TN 37230

Transworld Sys Inc  
PO Box 15095  
Wilmington, DE 19850

US Bank National Association  
100 N Lincoln Drive  
Troy, MO 63379

Valentine & Kebartas Inc  
P. O. Box 325  
Lawrence, MA 01842

Veterinary Clinic of the Mineral Area  
4730 Flat River Rd  
Farmington, MO 63640

Washington County Memorial Hospital  
PO Box 22248  
Louisville, KY 40252

Westmount Dental Arts  
1273 Doctors Dr  
Farmington, MO 63640